SCREENING AND MANAGEMENT OF BREAST CONDITIONS

I. Prevention

- A. Seventy-five percent of women diagnosed with breast cancer have no known risks other than age or gender.
- B. A clinical breast exam should be performed at every family planning annual visit and as indicated. As per the American Cancer Society recommendations, women over 20 (twenty) years of age should be told about the benefits and limitations of breast self-examination (BSE). Women choosing to do BSE should be given instruction/review of technique at the annual exam.

II. Screening Mammography

A. Under age 35

Mammography is not indicated unless a woman has a first-degree relative diagnosed with breast cancer at age 35 or younger. These women should be referred for MD consultation and follow-up. There is evidence to support this woman getting a mammogram five years before the age of diagnosis of the relative's breast cancer, but no sooner than the age of 30 years.

B. Age 35-39

Mammographic imaging should be limited to women with a first-degree relative with a history of early breast cancer, unless symptoms are present. A woman with a personal history of breast cancer should receive a diagnostic mammogram, as well as other follow-up determined by the physician in charge of her breast cancer care.

C. At age 40

Baseline mammogram.

D. Age 40-49

Mammogram every one to two years, depending on physical exam findings or according to a radiologist's recommendations.

E. Age 50 and over

Mammogram every year, depending on physical exam findings or according to a radiologist's recommendations.

III. Management

- A. Clients with a family history of first-degree relatives with premenopausal breast cancer should be encouraged to have a baseline evaluation with a specialist. These clients should be counseled regarding risks, benefits, and limitations of monthly BSE and the importance of annual clinical breast exams.
- B. Any breast pathology a lesion, mass, cyst, lump, breast pain, nipple discharge, change in appearance or deviation from the normal breast of an individual requires aggressive follow-up.
 - 1. Palpable mass/unusual or suspicious unilateral thickening:
 - a. Document complete description of mass. If the mass persists after completion of the next menses, the client must be given a written referral to a physician.

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- b. A negative mammogram in the presence of a palpable mass is <u>NOT</u> sufficient to rule out pathology.
- c. Follow-up contact, to document client compliance, should be made with the patient within two (2) weeks, per agency tracking and follow-up guidelines.
- 2. Nipple change or discharge:
 - a. Women with skin breakdown on the nipple or areola or skin changes, such as dimpling, puckering, or peau d'orange (orange peel-like skin) should be referred.
 - b. For women with nipple discharge, document the complete description and history, including use of any medications.
 - (1) Bloody discharge, unilateral discharge, a palpable mass, or abnormal mammogram increases the suspicion of malignancy.
 - (2) If spontaneous galactorrhea is present, serum prolactin levels/ thyroid function tests may be drawn.
 - c. Referral should be made for:
 - (1) Galactorrhea with headaches, amenorrhea and/or involuntary infertility, or galactorrhea in the presence of an abnormal prolactin or thyroid function test result.
 - (2) Any non-milky discharge.
- C. Mastalgia (breast pain)
 - 1. Cyclical bilateral breast tenderness can be related to menstrual cycles or to fibrocystic changes.
 - 2. If the clinical breast exam is negative, reassure the patient; suggest an analgesic, a supportive bra and decreasing caffeine levels. A follow-up breast exam may be done in 2 months. If conservative measures do not relieve symptoms, a referral is indicated. Any other undiagnosed or non-cyclic breast pain should be referred.
- D. Clients may be followed on hormonal contraceptives or hormonal replacement therapy for up to three months while the breast findings are investigated.
- E. Please refer to the Referral and Follow-Up Section of this manual. Title X Guidelines consider referrals for solitary breast masses as urgent, requiring follow-up within two weeks.